

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** ALFRED UNIVERSITY

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** \_\_\_\_\_

**Address of Service Provider:** Information Technology Services; Herrick Memorial Library; Saxon Dr; Alfred, NY 14802

**Name of Agent Designated to Receive**

**Notification of Claimed Infringement:** Arolana M. Meissner

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

Information Technology Services; Herrick Memorial Library  
Saxon Drive, Alfred NY 14802

**Telephone Number of Designated Agent:** 607-871-2715

**Facsimile Number of Designated Agent:** 607-871-2232

**Email Address of Designated Agent:** FMEISSNERL@ALFRED.EDU

**Sig**

**Representative of the Designating Service Provider:**

**Date:** 4/28/00

**Typed or Printed Name and Title:** Arolana M. Meissner, Associate  
Vice President for Information Services

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee  
Made Payable to the Register of Copyrights.**

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**RECEIVED**

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